MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07788

# CERTIFICATE OF DEATH

Reg. Dist. No. 251 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) J. EVA (Middle) (Last) ANDERSON

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1952

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: May 15, 1867 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: Domestic | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. T. Burgess | 14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — | (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Miss Jennie Anderson, Sudlersville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocardial Insufficiency — 4 weeks

Antecedent cause(s) 4221

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 

(c) arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — | (COUNTY) — | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/18, 1952, to 7/24/52, 19....., that I last saw the deceased alive on 7/22/52 19....., and that death occurred at 10 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. H. Hamilton M.D. Millington Md 7/26/52

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE July 27 1952 | NAME OF CEMETERY OR CREMATORY Sudlersville Cem. | LOCATION (City, town, or county) Sudlersville | (State) Md.

DATE REC'D BY LOCAL REG. 7-26 | REGISTRAR'S SIGNATURE Edgar L. Land | 24. FUNERAL DIRECTOR Edward Fellows | ADDRESS Millington, Md

VS. A15

RECEIVED
AUG 4 1952
BUREAU V. S.

Item 13 FilmG145 8/4/52 whw

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07789

# CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill Wm Chester Tops LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chester Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FREDERICK (Middle) & (Last) BLICKENSTAFF
4. DATE OF DEATH (Month) July (Day) 14 (Year) 52 19

5. SEX MALE
6. COLOR OR RACE WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Dec 25 1897
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ROBERT HELPER
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jessie Blickenstaff
14. MOTHER'S MAIDEN NAME Dorothy Mae Puckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 220-32-1324
17. INFORMANT AND ADDRESS Mabel BLICKENSTAFF

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MITRAL HEART LESION — Interval Between Onset and Death: Instant

410x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) He was overcome from heat

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death I do not know

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? I saw him

22. I hereby certify that I attended the deceased from he was dead when I saw him 19 to 19, that I last saw the deceased alive on July 14 52, 19, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr Norman S Dudley Deputy Coroner July 17

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 17
NAME OF CEMETERY OR CREMATORY Centreville
LOCATION (City, town, or county) Centreville, Md. (State) 1952

DATE REC'D BY LOCAL REG. 7-17
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 415

1

RECEIVED
JUL 30 1952
BUREAU V. S.

07790

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chester
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EDYTHE (Middle) CAROLINE (Last) BRIGGS
4. DATE OF DEATH (Month) JULY (Day) 22 (Year) 1952

5. SEX Fem.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH MAY 30 - 1885
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) NEW JERSEY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles G. Fulton
14. MOTHER'S MAIDEN NAME Caroline Norton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Walter S. Briggs Chester, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 443X Immediate cause | (a) cerebral thrombosis + embolia | July 15. 1952 |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) cerebral accident (apoplexia | 1948. |
| (176X) | (c) hypertensive cardio-vascular disease | about 5 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: papillar adeno-carcinoma of endometrium June 2. 1950

19a. DATE OF OPERATION June 2. 1950.
19b. MAJOR FINDINGS OF OPERATION papillar adeno-carcinoma of endometrium
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 10, 1949, to July 22, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 8 15 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Theodor Sattelmaier M.D. ADDRESS Stevensville DATE SIGNED July 23. 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF JULY 24
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REG. July 24 1952
REGISTRAR'S SIGNATURE Elizabeth Hopper
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1952
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07791

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Queen Anne's; STATE MARYLAND; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chester; LENGTH OF STAY (in this place) 60 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester; STREET ADDRESS (If rural, give location) Dominion

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) PIERCE (Last) GOLT

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 26, 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer (stone)

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Crumpton, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel E. Galt

14. MOTHER'S MAIDEN NAME: Mary C. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: George Galt Chester Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis (Myocardial Infarction) — Interval Between Onset and Death: Unknown

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/13, 1952, to 7/14, 1952, that I last saw the deceased alive on 7/14, 1952, and that death occurred at 10 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Fred P. Shepherd, M.D. Queenstown, Md. 7/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 16-52

NAME OF CEMETERY OR CREMATORY: Stevensville

LOCATION (City, town, or county) (State): Stevensville Maryland

DATE REC'D BY LOCAL REG.: July 16-52

REGISTRAR'S SIGNATURE: Elizabeth Hopkins

24. FUNERAL DIRECTOR ADDRESS: Baxter Bros Centreville, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Mrs. Adopter

RECEIVED
JUL 23 1952
BUREAU V. S.

07792

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 75yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) ERNEST (Middle) WILMER (Last) GRUBB
4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 23-1895
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmers County Agent
10b. KIND OF BUSINESS OR INDUSTRY: Farm Manager
11. BIRTHPLACE (State or foreign country): Leesburg Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James William Grubb
14. MOTHER'S MAIDEN NAME: Delma Neal
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): World War I & II
16. SOCIAL SECURITY NO.: 222-01-1200
17. INFORMANT & ADDRESS: Mrs Louise L Grubb, Centreville Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary occlusion (Suddenly) — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) He was dead when I arrived at his home.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE W. Henry Fisher M.D. (DEGREE OR TITLE) ADDRESS Centreville Md — DATE SIGNED 7/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF July 29-52 | NAME OF CEMETERY OR CREMATORY Centreville | LOCATION (City, town, or county) Centreville (State) Maryland

DATE REC'D BY LOCAL REG. 7-28-52 | REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Bertha Bros ADDRESS Centreville Maryland

RECEIVED
AUG 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07793

# CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH
COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 41 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) Pinder (Last) Schuyler

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1952

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH March 19, 1911

9. AGE last birthday 41 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) [illegible] MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Pinder

14. MOTHER'S MAIDEN NAME Emma Pinder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix — Interval Between Onset and Death: 1 yr.

171X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952, to July 3, 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at 5 45 A m., from the causes and on the date stated above.

SIGNATURE Irvin D. Hoyt (Degree or title) M.D. ADDRESS Queenstown Md. DATE SIGNED 7/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE July 5-52 — NAME OF CEMETERY OR CREMATORY Christ Church — LOCATION (City, town, or county) (State) Centreville, Maryland

DATE REC'D BY LOCAL REG. 7-5-52 — REGISTRAR'S SIGNATURE Alice Armstrong

24. FUNERAL DIRECTOR Baxter Bros. — ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 0252

1. PLACE OF DEATH:
COUNTY Queen Annis MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annis
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
STREET ADDRESS (If rural, give location) Sparrows Neck Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MARTHA JANE STARKEY

4. DATE OF DEATH: (Month) (Day) (Year) July 5 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 30. 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): near Centreville Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Lewis Starkey
14. MOTHER'S MAIDEN NAME: Gloria Jean Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Charles L Starkey Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Premature birth — Hemorrhage
DUE TO
Antecedent cause(s) (b) of new born from Vagina = heart
DUE TO
(c) involvement (Congenital) —

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

760.5

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30, 1952 to 7/5, 1952, that I last saw the deceased alive on 7/5, 1952, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE W. Henry Fisher M.D. (DEGREE OR TITLE) ADDRESS Centreville Md DATE SIGNED 7/6-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 6-52
NAME OF CEMETERY OR CREMATORY Christopher
LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. 7-6-52
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Baxter Bros Centreville Maryland ADDRESS

2062243364

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

RECEIVED
JUL 9 1952
BUREAU V. S.

07795

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
LENGTH OF STAY (in this place) 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SPENCER (Middle) (Last) TRUITT

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1952

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 24, 1879
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Owner
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Truitt
14. MOTHER'S MAIDEN NAME Mary Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-18-4632
17. INFORMANT AND ADDRESS Mrs. Spencer Truitt - Sudlersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Carcinomea of Prostate | 3 years |
| 177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Metasis to Bladder Bones of Pelvis | 4 mo |
| | (c) Generalized Carcinoma | 2 mo |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan 1952
19b. MAJOR FINDINGS OF OPERATION Orchidectomy - Co metastase Prostate
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1952, to July 21, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 2 o'cp m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C Rodney Layton M.D. ADDRESS Centreville, Md DATE SIGNED July 22, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 24, 1952
NAME OF CEMETERY OR CREMATORY Sudlersville Cemetery
LOCATION (City, town, or county) Sudlersville, (State) Md.

DATE REC'D BY LOCAL REG. 7-23
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edward Fellows. ADDRESS Millington, Md.

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VS. A13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 30 1952
BUREAU V. S.